

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon
 Township of Waccamaw
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

744

Registration District No. 1302 Registered No. 3
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Myrle Riley If child is not yet named, make supplemental report as directed

(3) SEX Female (4) Type Full (5) Number in order of birth 1 (6) Date of birth Jan 21 23
 (Name of Month) (Day) (Year)

FATHER

(8) Full Name Mose Riley(9) Present Position or Occupation Summerville S.C.(10) Color or Race Col (11) Age at last birthday 28 (Year)(12) Birthplace Clarendon S.C.(13) Occupation Farmer(14) Number of children born to mother, including present birth 2

MOTHER

(14) Full Name Daisy Riley(15) Present Position or Occupation Summerville S.C.(16) Color or Race Col (17) Age at last birthday 23 (Year)(18) Birthplace Clarendon S.C.(19) Occupation Home & field(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born alive or stillborn (How A. M. or P. M.)
 on the date above stated.

(23) (Signature) Angeline Pearson(24) State South Carolina (25) Address of Physician or Midwife Summerville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(27) Date Jan 21 23 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report if a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.